

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 174  
Registered No. 242

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jessie Olguin  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 2 6. Legitimate? yes 7. Date of birth Dec. 25, 1928  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Manuel Olguin</u>		Full maiden name <u>Adriana Dominguez</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Globe, Arizona</u> If non-resident, give place and state.	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Wilcox, Arizona</u> (State or country)		18. Birthplace (city or place) <u>Congress, Arizona</u> (State or country)	
13. Occupation <u>Miner</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	

20. Number of children of this mother Eight  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living Five  
(b) Born alive but now dead Three  
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 p.m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
Address Globe, Arizona  
(Physician or midwife.)  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_  
Filed 1/4 1929 S. E. K. Lightman Registrar

165-1225-149